



POWER OF ATTORNEY

Short Form (Please Type or Print.)

State of _____

Parish/County of _____

Your Name or Name of Entity

Social Security/ Louisiana or Federal ID Number

Spouse's name, if joint (or corporate officer,
partner or fiduciary, if a business)

Spouse's Social Security Number (if a joint return)

Street Address

City /State /ZIP

Expiration Date

Month/Day/Year

Mark one:

☐ **Original**—your first power of attorney authorizing this agent and attorney-in-fact

☐ **Amend**—changes an existing power of attorney for (name)_____

☐ **Cancel/Revoke**—cancels a previously filed power of attorney for (name)_____

I/we hereby make, name, constitute and appoint _____

Agent and attorney-in-fact

Mailing Address

City/State/ZIP

Telephone and Fax Numbers/ E-mail address

my/our true and lawful agent and attorney-in-fact for me/us and in my/our name, place, and stead to receive and inspect confidential tax information and to perform any and all acts, including signing a tax return, that this taxpayer can perform with respect to the taxes and taxable year(s) or period(s) set forth below. The authorizations granted above apply to Louisiana _____ tax(es)

List tax types

for the taxable year(s) or period(s) _____ .

The agent and attorney-in-fact shall be authorized to receive copies of notices and communications from the Louisiana Department of Revenue upon request. The taxpayer will receive the original notices and written communications. The authority does not include the power to receive and to sign refund checks or the power to substitute another representative unless specifically added below.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney.

The filing of this Power of Attorney with the Louisiana Department of Revenue revokes all earlier Power(s) of Attorney on file for the same taxes and taxable year(s) or period(s) covered by this document.

If this Power of Attorney is not signed and dated by all parties, it will be returned.

By signing this Power of Attorney as a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer. If this matter concerns a joint return filed by a husband and wife, both must sign if joint representation is requested.

Taxpayer signature _____ Date _____

Spouse signature _____ Date _____

Signature of duly authorized representative, if the taxpayer is a corporation, partnership, executor or administrator _____ Title _____ Date _____

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service.
- I am one of the following:
 - a. Attorney—a member in good standing of the highest court of the jurisdiction shown below.
 - b. Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c. Enrolled Agent—a person enrolled to practice before the Internal Revenue Service.
 - d. Officer—a bona fide officer of the taxpayer organization.
 - e. Employee—an employee of the taxpayer.
 - f. Family Member—a member of the taxpayer's immediate family (state the relationship, i.e., spouse, parent, child, brother, or sister)_____.
 - g. Other (state the relationship, i.e., bookkeeper or friend)_____.

Designation-Insert Applicable Letter (a.-g.)	Jurisdiction and Enrollment/ Bar Number, if applicable	Signature	Date

Thus Sworn to and Subscribed Before Me, Notary, in the presence of the undersigned two witnesses, who personally came and appeared, on this _____ day of _____, 20____.

Signature of witness

Notary

Signature of witness